

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (571) 273-2885

NOV 17 2005

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

31815 7590 08/19/2005

MARY ELIZABETH BUSH  
 QUALLION LLC  
 P.O. BOX 923127  
 SYLMAR, CA 91392-3127

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

11/18/2005 TBESHAW2 00000030 10718927

01 FC:2501	700.00	0P	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
02 FC:1504	300.00	UP	10/718,927	11/19/2003	Hisashi Tsukamoto	Q147-US2	3165

TITLE OF INVENTION: IMPLANTABLE MEDICAL POWER MODULE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	11/21/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
TSO, EDWARD H		2838	320-107000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-12 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gavrilovich, Dodd

&amp; Lindsey

3. 

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Quallion LLC

Sylmar, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

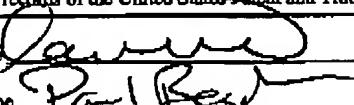
4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card, Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0921 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

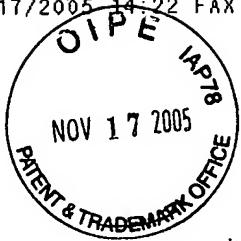
Date 11/16/05

Typed or printed name 

Registration No. \_\_\_\_\_

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# Fax

<b>Attention:</b>	Mail Stop ISSUE FEE	<b>From:</b>	Travis Dodd
<b>Fax:</b>	(571) 273-2885	<b>Fax:</b>	(818) 833-2065
<b>Examiner's Phone:</b>		<b>Phone:</b>	(818) 833-2014
<b>Company:</b>	United States Patent and Trademark Office	<b>Company:</b>	Quallion LLC
<b>Re:</b>	Application Serial No. 10/718,927	<b>Pages:</b>	8
	Filing Date: November 19, 2003 Confirmation No. 3165 Inventor(s): Hisashi Tsukamoto et al. Examiner: Edward H. Tso Group Art Unit: 2838 for IMPLANTABLE MEDICAL POWER MODULE Our File No. Q147-US2	<b>Date:</b>	November 17, 2005

**Urgent**  **For Review**  **Please Comment**  **Please Reply**  **Please Recycle**

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2000, extension 2003.

## CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-2885 on November 17, 2005:

- Transmittal of Payment of Issue Fee (Small Entity) (in duplicate)
- Fee Transmittal (in duplicate)
- PTOL-85 (Rev. 11/03) Part B. – Fee(s) Transmittal (in duplicate)
- Form PTO-2038, credit card authorization

Lisa K. Robbins  
(Name of Person Signing Certificate)

  
(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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1107/2005 4422 FAX 8188332065

QUALLION LEGAL

002/008

NOV 17 2005

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/718,927
		Filing Date November 19, 2003
		First Named Inventor Hisashi Tsukamoto et al.
		Group Art Unit 2838
		Examiner Name Edward Tso
Total Number of Pages in This Submission		Attorney Docket Number Q147-US2

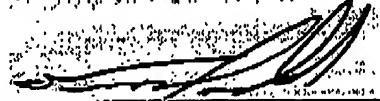
**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	<input checked="" type="checkbox"/> Issue Fee Transmittal
Information Disclosure Statement	CD, Number of CD(s) _____	
Remarks		
<b>Customer Number or Bar Code Label</b> 31815 (Insert Customer No. or Attach bar code label here)		

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

By:

  
Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127

Dated: 11/17/2005

Phone: (818) 833-2014  
Fax: (818) 833-2065**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD	Date
Signature		



## FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 1,000.00</b>
<b>METHOD OF PAYMENT (check One)</b>	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card	

## 2. UTILITY Basic Filing Fee &amp; Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$ .00
Total Claims	27 - 70 =	0	X \$ 50.00	X \$ 25.00	\$ .00
Independent Claims	3 - 7 =	0	X \$ 200.00	X \$ 100.00	\$ .00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$ .00
<b>Total of above Calculations =</b>					<b>\$ .00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
<b>Total of above Calculations =</b>			<b>\$ 00.00</b>

## 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
ISSUE FEE	\$1,400.00	\$700.00	\$ 700.00
PUBLICATION FEE	\$ 300.00	\$300.00	\$ 300.00
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$1,000.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	11/17/2005